

# THE MEDICAL AND SURGICAL REPORTER.

No. 947.]

PHILADELPHIA, APRIL 24, 1875.

[Vol. XXXII.—No. 17

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### RETRO-PHARYNGEAL ABSCESS WITH CARIES OF THE THIRD CERVICAL VERTEBRA.

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Case of Martin, son of J. M. R., æt. nineteen months, of East Liberty, Pittsburgh. The patient, a well-developed child, had exhibited no signs of ill health or of a defective constitution, from its birth until four months before it came under my observation, but a history of tuberculosis was easily traced in its paternal ancestry. At the time mentioned, four months before I saw the patient, he received a burn, from the contact of scalding water, upon his back, to the right of the spinal column, and at the lower border of the scapula, a space about four inches square being involved. The burn was of an unimportant character, and is mentioned simply because to it was attributed by the parents all of the subsequent symptoms manifested by the disease which succeeded it. The burn did not heal for four weeks, but a week after its receipt, a crust in the meantime having formed, the child was observed to walk with its head drawn to the right side, and backward in the direction of the fibres of the right trapezius muscle and toward the burn. A month later it was noticed that the child had some difficulty during deglutition, that the respiration was interfered with, and that it slept poorly. During the four weeks preceding my examination of the child the respiration was much obstructed, and was of a snoring character, at-

tended with loud rattling in the trachea. In addition, the strength was commencing to fail, and it became unable to walk.

Upon examination I found the head drawn backward and to the right side, in the direction of the fibres of the right trapezius and splenius capitis et colli muscles. These muscles were not rigid or contracted in the least, but on the contrary were perfectly pliable, and offered no resistance whatever to the replacement of the head in its normal position. The cicatrix resulting from the burn was completely effaced, and no contraction of the dermis existed. The patient could move his head from side to side.

An examination of the fauces was then made, when a tense swelling, of the size of a small hen's egg, without pulsation, was found on the right side and behind the pharynx, almost entirely filling the latter, and compressing the larynx. The fauces were filled with a great collection of phlegm, which the patient was unable to expectorate or swallow.

The patient slept well, but kept his eyes half open, moaned and snored a great deal, and rested upon the right side of his head, which was thrown backward. He could not raise himself out of the recumbent position. He had a good appetite but some difficulty in swallowing. The bowels were constipated and feces dry. He was slightly feverish, and his cheeks were occasionally flushed, but there was no cough.

Pressure applied along the spine and upon the vertex did not occasion any flinching or indications of pain or uneasiness.

The size of the swelling behind the pharynx being sufficient to account for the retracted con-

dition of the head, the absence of tenderness under pressure along the spine, and the comparatively healthy condition of the child, induced the opinion that it was a case of simple abscess in the connective tissue, between the vertebrae and the pharynx, although the possibility of the presence of caries of the spine was carefully considered.

On February 14th, 1875, five months after the appearance of the first indication of the disease, I decided to puncture the swelling. The patient being held firmly by an assistant, and his jaws separated, I passed a long, narrow-bladed bistoury into the substance of the swelling. Pus following the puncture, a free incision was made, and the patient's body was bent forward in order to allow of the free escape of the pus, and to prevent its entrance into the larynx, preparations having been previously made for the performance of tracheotomy, should that event supervene. A free discharge of pus occurred without accident, and the incision was then penciled with carbolized oil.

The minutes of the subsequent progress of the case are condensed as follows from my notes:

February 15th, 16th, and 17th. He sleeps well; has no fever; respires easily; swallows without difficulty, and the functions are normal. Some pus still comes from the abscess, and the child coughs occasionally, and then swallows, in consequence, a portion of the matter passing down his throat. He still holds his head awry, and the holding of his head straight seems to hurt him and makes him cry and complain.

February 18th, 19th, and 20th. He sleeps well, and the functions are normal, but he cries occasionally in his sleep; coughs occasionally; does not respire as quietly as he did, and cries as if in pain whenever he is lifted up. The head is held awry and the discharge of pus has ceased.

February 21st, 22d and 23d. He sleeps enough, but startles in his sleep frequently and cries. The functions are normal. He breathes less quietly than during the last few days, but still with less effort and noise than before the incision was made. He does not walk any, and remains recumbent, while the head is becoming more crooked.

February 24th, 25th and 26th. He does not sleep well, awakes and cries frequently, and is feverish and thirsty. He is restless, breathes louder, and coughs whenever he drinks.

February 28th. The patient still breathes bet-

ter than before the evacuation of the abscess, but he holds his head further back and appears to be pained when lifted up. No perceptible swelling can be felt in the pharynx, beyond what the evacuated cyst has left. An incision was again made, but only a speck of pus was noticed.

R. Ext. belladonnæ, ʒij.  
Ung. hydrarg, ʒvj. M.

Sig.—To be rubbed over the back of the neck.

The little patient has been kept upon a well cushioned pillow, supporting his head, neck, and entire body, for the purpose of securing immovable rest to the spine, and the parents were enjoined to be very careful and guarded during the necessary movements of his body. To give still more security and enforce rest, a cushioned leather splint for the head, neck and back was ordered to be applied, with the view of supporting the neck. The patient is to partake freely of wine, milk and soups.

R. Syr. ferri pyrophosph.,  
Tinct. cinchonæ, ʒā. gtt.x.

Twice a day.

March 1st. He slept sufficiently, but awoke, crying, about a dozen times. He breathes more quietly, but is hoarse. He is very thirsty and has not much appetite. The functions are normal.

March 2d. He sleeps a great deal and awakens less frequently. He respires more easily, he has no fever, and the functions are normal. He has less appetite. While examining the swelling in the pharynx, a small piece of soft bone, one-half inch square, in all probability a portion detached from the body of a vertebra, was extracted. Some pus is still discharged, and the mouth of the child smells of very offensive pus.

March 3d. He sleeps well, breathes easily and quietly, and has a good appetite, but he cries sometimes, as if in pain.

March 4th. He was restless and did not sleep well. His appetite is poor, and this morning he passed three thin, yellowish stools, which contained flakes of white matter. He cries whenever moved, or when any part of his spine is touched, and he frequently puts his hand to his head, as if he had pain there. Some thin fluid or serum is being discharged from the left ear. The patient is pale, and is becoming emaciated.

March 5th. He sleeps badly and cries almost constantly. He is pale and thin; his appetite is poor; he is thirsty; his pulse is quick, and the skin is dry and too warm. The respiration is quick, the nostrils dilate, there is rattling in the trachea, and the lips are cyanosed. He coughs a good deal, and moans frequently. The cushioned leather splint for the support of the head and entire back was re-applied, and secured by roller bandages passed around the head and body.

March 6th, A. M. He did not sleep any, and cried a good deal. The hands are hot, and he is thirsty, but the general temperature is not increased. He had one stool yesterday and one to-day.

P. M. He is less restless, but moans almost constantly. There is less rattling in the trachea. The respiration and pulse are quick, and the pupils dilated and sluggish.\* He takes sufficient nourishment.

R. Sodæ hyposulph.,	gr.ij
Tr. digitalis,	gtt.ij
Tr. opii,	gtt.ʒ
Syr. senegæ,	gtt.x.

Every two hours.

March 7th. The condition of the patient did not vary much during the night, and he slept very well. In the morning he appeared better, took a plate of milk and wine with evident relish, and then fell asleep. He did not awake again, but slept quietly and easily until 8.30 A. M., when, without a struggle, he expired.

*Autopsy.*—Twenty-eight hours after death. Body considerably emaciated. The cervical vertebræ were removed entire. The body of the third cervical vertebra had almost entirely disappeared, and what little remained was broken down, softened and disintegrated. No pus was found in the cavity, the abscess having emptied its contents into the œsophagus. The affected vertebra was slipped forward, somewhat under the axis, but there was no compression of the cord. The cord and its membranes appeared to be healthy, and there was entire absence of hyperæmia.

An examination of the brain, organs of the chest and viscera was not permitted.

This case is reported, not only on account of its interest, but of the diverse opinions its

\*The reader is referred to a paper recently read before the Neurological Society, by Dr. C. S. Bull, on the connection, first observed by him, between certain lesions of the optic nerve and some affections of the spinal cord, in which this symptom is mentioned as occurring.

complicated features induced among the members of the profession who examined it. The occurrence of perceptible curvature forward, with caries in the cervical region, is rare, as is also the insidiousness of the disease, which had resulted in the complete disintegration and discharge or absorption of the body of the vertebra before there was any appreciable inroad effected upon the general health, and without the manifestation, at any time, of either paralysis motus or sensationis.

The sudden death of the child, and the manner of it, were unexpected, and in the absence of a sufficient degree of constitutional involvement to account for them, they may be attributed to embolism, due to septicæmia.

#### GYNECOLOGICAL NOTES.

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Every medical practitioner is constantly meeting with cases of disease peculiar to the female. Many of them may be classed among the most formidable affections to which the sex is liable. Within the past few years so much attention has been devoted to this department of pathology, that an important specialty has been created. Not a few devote their exclusive attention to the practice of gynecology, and some of our most voluminous text books treat solely upon diseases of women. While all will admit the propriety of medical men in the large cities devoting all their time to their chosen specialty, still they are unable to treat every case that occurs, and consequently the general practitioner is almost daily encountering cases which demand special treatment. From this fact it is important that the general practitioner should be thoroughly acquainted with the literature of gynecology, and the best means of diagnosis and treatment.

During the first quarter of this century diseases of the female organs of generation were rather uncommon, or their existence unsuspected.

During the second quarter began a devotion to their investigation and treatment, which, during the past twenty-five years, has been wonderful in results.

In my practice I have met with and taken notes of a few cases of interest, and propose to present some details of their progress and treatment.

## Case 1.—Disease of the Uterus.

November 29th, 1873. Mary H., *æt.* about 32; large and well-formed white woman; married, but does not live with her husband. Has had children, but none are living. Has had the whites more or less for some years, but during the last summer and fall has suffered with pain in the uterine region, and in September was treated for pelvic cellulitis by another physician.

To-day examined with speculum, and found the os uteri low down in the vagina, and pouring from it a grumous mucus. The anterior lip is enlarged, not sore, but rather pale in color.

Passed a sound three and a half inches, without any resistance. The fundus appears pushed to the left side, somewhat, but not flexed in either direction. Applied strong solution of carbolic acid, on a pencil of dry compressed sponge, to the cervix, as high as the internal os; caused pain, but no bloody discharge.

December 1st. Called again, when I found less soreness of the womb on passing the probe. Bleeding slightly after application of the acid. She says the whites have been worse for two days past.

December 3d. Learned from her, to-day, a fuller history of the case. Married during the war, and had twins the first year; one was still-born, and the other died in thirty-six hours.

In eleven months had a child which did not survive long. Two years ago, aborted at two or three months, and since that time she has not been free from uterine trouble. She says the afterbirth did not come away for some days, and then only as it seemed to "rot away." Reports to-day that she has felt better since Tuesday; less pain and leucorrhœal discharge. To come to-morrow morning for treatment.

December 11th. Since the last report a catamenial period passed with no untoward symptoms. To-day found condition of the os improved, both as to size and color; smaller, and more pale. Complains of soreness when the sound was introduced, and I did not pass it. Touched with carbolic acid, mixed with a little glycerine.

December 13th. Condition unchanged, except that blood followed the sound.

December 15th. Passed the sound but two inches, and without causing pain or bleeding. Says she feels much less of dragging in the back and hips than for some weeks. Passed a piece of compressed sponge, saturated with

pure carbolic acid, to the internal os. Complains less than at any former time. No smarting in the canal of the cervix after the sponge was passed, but on wiping the lips of the womb with acid, the smarting was severe.

December 17th. Called in; she said there had been some "show" since the last application, with pain, and a feeling of nervousness and disposition to tremor. Gave *pulv. Doveri* to take if pain continues.

December 22d. Patient called; found uterus low down, and the os very patulous. Probe passed three and a half inches, but caused some pain. Introduced a piece of compressed sponge, saturated with strong carbolic acid, within the cervix, and as high as the os internum. A great quantity of mucus came away, with a slight tinge of blood.

December 24th. Since last report there has been quite a show, and accordingly did not interfere. Complains of pain in the left ovarian region, extending downward to the thigh. Enjoined quiet, and to come on 29th inst.

January 2d, 1874. Since last report she has been unable to come to my office, and to-day is confined to her bed; complains of pain in the ovarian region on each side, and has a constant sanguineous flow from the vagina. Advised rest, and gave *Dover's* powders, to be taken *p. r. n.*

January 12th. The "wasting" somewhat diminished, but has continued more or less free for two weeks. Gave fluid extract *ergot*, to be taken in doses of twenty drops three times daily. She is able to be about to-day, and complains less of pain in the ovarian region.

January 14th. Called in and stated that the flowing had nearly ceased, but that the "whites" continued profuse. Directed a continuance of the *ergot*.

January 21st. Still has leucorrhœa, but no sanguineous discharge. Complains of pain and soreness in the right and left ovarian regions. Still takes the *ergot*, which she is to continue.

February 9th. Had not seen this patient till to-day, when I was called to her house, and found her with a burning fever. Had a chill this morning at nine o'clock, followed with fever and nausea. She informs me that her menses came on about the 1st inst., and continued for six days, rather profuse. That since last report the leucorrhœa had subsided, and the pain in the ovarian region was nearly gone. She had taken the *ergot* regularly, till a few



days ago. Gave pulv. Doveri, to be followed with quinine to-morrow morning.

February 16th. The woman called at my office, and on examination with a speculum, found os uteri much lessened in size, and of a pale, natural color. Slight oozing of a gelatinous substance, but in quantity lessened. Sound passed but two and a half inches, and without any pain. Complaints of but little pelvic uneasiness. Made no topical application, except equal parts of carbolic acid and glycerine to the os and cervix.

March 26th. Saw the patient, who informs me that she has had no trouble during the two menstrual periods last past. The quantity has been normal, and not succeeded by leucorrhœal discharge. Pelvic soreness subsided almost entirely, and no ovarian pain and tenderness. She has much improved in general appearance, and calls herself well.

June 1st. This woman has continued to the present time free from leucorrhœa and menorrhagic flowing. She says that less trouble has been experienced during menstruation than for a long time. But little indication of ovarian derangement.

August 1st. I have seen this woman occasionally during the last two months, but there has been no return of uterine disturbance. The good effects of carbolic acid topically applied, and ergot administered internally, were very apparent in the above case. There was turgescence of the cervix, with the tendency to hemorrhage and profuse secretion of mucus from the body of the uterus. The woman now calls herself entirely cured of a trouble which had annoyed her a long time.

December 10th, 1874. This woman had passed from my personal notice till to-day, when I saw her at her house. Since June she has had a return of her uterine troubles, and was attended by another physician. I learn that there was hæmatocele upon the right side of the vagina, attended with great constitutional disturbance and prostration. On my visit to-day I found her laboring under looseness and great irritability of the bowels. I gave morphia and subnitrate of bismuth. On conferring with her present physician, I learn that during the summer there was a return of the enlargement of the cervix uteri, especially of the anterior lip, with engorgement of the whole organ. Menses irregular, both in frequency and amount. For the last eight weeks

she has been confined to her room, and most of the time unable to leave the bed. Emaciated, and altogether changed in general appearance. She has been obliged to take tr. opii regularly for some time, to procure any ease from pain. Having been requested to see her while her medical attendant was unable to do so, I merely prescribed temporarily, and make this note, in order to keep a chain unbroken in her medical history.

December 14th. Called in and found her relieved of the irritability of the bowels, but there remains a soreness at the pit of stomach. No complaint in the pelvic region.

February 20th, 1875. This woman called at my office and stated that for some days past she has had discharges from the bowels, which appear to her to be pus. The inclination to void something from the rectum comes on suddenly, and sometimes she is not able to avoid soiling her clothing. In conversation with the physician who has of late been in charge of the case, I am informed that the purulent discharge from the rectum is without doubt from an abscess which had formed upon the left side, in the cellular tissue, and opened into the rectum. Severe pain had been felt previous to the escape of pus, but since that but little was experienced.

There is still an elongation of the anterior segment of the cervix, which is nearly an inch in extent. Palliative measures only have been adopted of late, in way of treatment.

#### Case 2.—Uterine Disease, with Probable Cellulitis.

Sunday, November 2d, 1873. Called to visit Mrs. L. W., aged thirty; married at fourteen, and has had nine children, four now living. Fair complexion; firmly built, and well nourished. Complaints of severe pain in the right hypogastrium, attended with soreness on pressure, and, at times, the pain extends downward to the middle of the thigh. Pulse about 100; tongue slightly coated; some thirst, and general uneasiness. Pain in the frontal region; no appetite, and unable to leave the bed. Bowels confined habitually; no action for thirty-six hours. Says there is profuse leucorrhœal discharge, inclining to yellow, which has been constant for some weeks. Menses regular in frequency, but sometimes too free. Leucorrhœa succeeds the flow, and continues till the next period.

*Diagnosis.*—Inflammation of the right ovary, with uterine catarrh.

*Prescription.*—Black draught at night, with sulph. morphine and subnit. bismuth after the bowels move. To apply belladonna plaster to the painful region.

Monday, 8 A. M. Bowels open; feels better; has taken two powders, morph. and bismuth.

Tuesday, 4th. Still better, in regard to pain. Leucorrhœa unchanged. Prescribed

R. Bromidi potassii,	3ij.	
Fluid ext. sec. cornuti		
Sol. morphinæ,	aa ʒss.	
Tr. cinch. compos.	ʒj.	M.

Sig.—Teaspoonful every four hours.

Wednesday, 5th. States that pain returned in the ovarian region during the night, for which she applied strong hop poultice. Uterine discharge much less. Appetite returning. Continued treatment.

Saturday, 8th. Was called at 7 A. M., and found on my arrival that she had, since yesterday, passed a quantity of blood and mucus from the rectum, attended with pain across the colon, and some nausea, but no vomiting. Pain in the right iliac region nearly gone, and also the leucorrhœa. Was able to be about the house yesterday, and took the bed after the discharge commenced. The bowels are at present quiet, and I prescribed small doses Dover powder, with subnit. bismuth, if pain should recur, or the discharges. To take the brom. potass. and ergot mixture only at 5 o'clock, P. M.

I had seen this case some two years previous, on invitation of her medical attendant. There was at that time hypertrophy of the cervix uteri, and a constant leucorrhœa. There had been no permanent relief of her unpleasant symptoms up to the time I was consulted. The case, without doubt, had become one of cellular inflammation in the tissue about the right ovary, culminating in suppuration, and discharge of pus into the rectum. Up to the present date (April 1, 1875) I have heard but little of the woman, although she is still in the city.

**Case 3.—Menstrual Derangement, with Cellulitis.**

April 6th, 1874. Charlotte B., aged forty-eight; colored; mother of eleven children, seven living. Has always been regular in the menstrual function, except when pregnant and nursing a child, since the age of thirteen. A few days since the flow came on as usual, but after twenty-four hours suddenly stopped. At once there began to be extreme soreness, with pain in the hypogastric region, and fever. Found her

with tongue coated white, some fever, and general uneasiness. Prescribed laxatives, to open the bowels, which were constipated, to be followed by Dover powder, p. r. n. Prescribed brom. potassii at night.

April 21st. Have called two or three times, and found the soreness still present, with no improvement in general appearances. To continue laxatives and Dover powder. Tell her she will not be entirely relieved till the next period shall come around.

April 23d. Till yesterday, there was but little abatement of pain. Some time during the preceding night there began to be a free discharge from the vagina, which the woman said looked like matter from a sore. As it escaped, relief was experienced, so far as severe pain was concerned, but the soreness and general tenderness have continued to a certain degree. The pulse is soft, tongue cleaning, and the general indications more favorable. It is probable that pelvic cellulitis had occurred in the left side. To continue pulv. dov., p. r. n.

April 25th. Much better. No pain, but feels weak. Says a pint or more of matter escaped from the vagina, and nearly as much from the rectum. Making all due allowance for her overestimate, it is probable that pus escaped from both sources, in considerable quantities. To take ten drops aromat. sulph. acid three times a day, and to have generous diet.

Aug. 20th. Am told by her daughter, that the menses did not return till last week. Since her sickness last spring, her health has been very good for some weeks, and she now feels quite well.

Dec. 12th. Visiting a daughter that requires medical advice, I find that Charlotte has been regular in the menses since my last visit, having missed three months at that time. Now, she complains of pain in the pelvis and head, with reflex cardiac disturbance. Is easily excited by any sudden noise, or the approach of any one to the house. Says she has gone over her expected time one week. Bowels constipated all the time. Prescribed,

R. Bromidi potassii,	3ij
Fluid ext. valerianæ;	
Spts. etheris compos.,	aa ʒss
Aquæ amygdal. amaræ,	
camphoræ,	aa ʒj. M.

Sig.—Teaspoonful, as a nerveine.

Dec. 18th. Has been free from headache since taking the mixture, but the bowels are

still constipated. Prescribed pil. rhei comp., two at night, and continue the mixture should headache return.

February 16th, 1875. I am told by a daughter that Charlotte did not menstruate until last week, and that she feels very well. This patient was, till emancipated, in 1863, a house servant, who had not passed out of the family in which she grew up from a child. Exposure and indifferent management have conspired to induce the condition above related. A constant recurrence of menstrual irregularities have induced cardiac symptoms, which now cause much distress. After the menopause her health may improve, but it is more than probable that she will continue to suffer from cardiac troubles, which at present are but reflex, and become a subject of serious thoracic disease.

There is reason to expect that cellulitis will result in cases where continuous pain is felt in the ovarian region, or nearer the uterine cervix. In the cases related there was, in two, a protracted fever, with a white coat upon the tongue, such as is common in all cases where constitutional disturbance exists. I had not, in case three, suspected the presence of an abscess, but considered the pain as ovarian and caused by menstrual irregularities.

#### PRACTICAL REMARKS ON THE SURGICAL ANATOMY OF THE PENIS.

Translated for the MEDICAL AND SURGICAL REPORTER, from Hyrtl's *Handbuch der Anatomie*,

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The loose adherence and mobility of the integumental covering of the penis allows it, in cases of large tumors in the pubic region, or in the neighborhood of the root of the penis (scrotal herniæ, oedema, sarco- and hydrocele) to be employed to such a distance from the root of that organ, as covering for these tumors, that the apparent length of the penis decreases as its integument is called in play for the covering of the tumor, and in the highest state of development of such a tumor, that only a drawn-in, folded, navel-like and—through the urine, frequently excoriated—deepening cicatrix indicates the point where the orificium cutaneum urethræ of the vanished penis lies.

The mobility of the integument of the penis must, further, be well taken into consid-

eration in the amputation of that organ. Has the penis been too much drawn upon by the operator, and must the amputation be made near the root of the penis, it may happen that the integument drawn forward from the pubic region may return after the amputation to its former position, through which a circular wound in the integument originates, whose diameter is much greater than the periphery of the penis, and whose edges, being so wide apart, cannot be used for covering the stump of the penis. The opposite fault originates by removing too little of the integument, when amputating the penis near the glans. A folding-in of the projecting integument forms a pocket, in which urine and pus assemble, and its subsequent removal may become necessary.

#### Phimosis and Paraphimosis.

The prepuce of a newly-born child has a very narrow opening, and cannot be easily drawn back from the glans. Continuance of this formation causes congenital phimosis, which, if it be accompanied at the same time by an unusually long prepuce, allows the urine to flow between the prepuce and the glans, to remain in that place a long time, and thus cause the formation of a sediment, the so-called præputial calculus. Richet found thirty-two of them in one person. They consist of uric acid.

In congenital phimosis the anterior free circular border of the prepuce is always the impediment to its reduction. Congenital phimosis does not permit of coitus, and Louis XVI, after many years of married life and sexual abstinence, had to submit to a surgical operation, in order to be placed in a condition for fulfilling his marital duties. Acquired phimosis often makes its appearance as an accompaniment of ulceration of the glans and of the prepuce. Has the phimosed prepuce been perforated by an ulcer? the glans can peep through this newly made opening. If one cannot succeed in reducing such a phimosis, the slitting of the prepuce and the removal of the side flaps will be indicated.

Constriction of the prepuce behind the glans is called paraphimosis (Spanish collar). This derangement, with the strangulation of the glans accompanying it, renders it a more important derangement than phimosis, and it demands a prompt interference of art. Indeed, in paraphimosis of a lighter grade, the portion of the prepuce in front of the point of constriction

becomes so cedematous, that it is often impossible to return the prepuce to its proper position even after the constriction is relieved.

#### Blennorrhœa, Plugging of the Sebaceous Glands.

Copious secretion and decomposition of the smegma præputii causes the so-called blennorrhœa which excoriates the epithelium of the internal layer of the prepuce and the covering of the glans, and causes superficial ulcers which often (like the innocent herpes præputialis) have been taken for syphilitic ulcers, and been treated with a full course of mercurials.

With a *loupe* on the naked eye, one finds on the crown of the glans, particularly in individuals who secrete profusely the smegma præputialis, white papillary-like excrescences, of innocent origin, which should not be confounded with filiform condylomata.

The sebaceous glands of the prepuce in the two grooves at the sides of the frenum are larger than anywhere else. I have seen their sacs in the living, as well as in the cadaver, distended to the size of a pea by the plugging of sebaceous secretion.

#### Precaution in Circumcision.

As the internal layer of the prepuce only reaches to a point just behind the corona glandis, whilst the external layer, on the contrary, extends uninterruptedly into the movable integument of the penis, during forcible extension of the prepuce by drawing on the same, as during its intended removal on account of phimosis, the external integument alone yielding to the extending force, rolls up at the border of the prepuce in the internal lamella, the lengthening of the prepuce occurring, therefore, only through the external, but not at the same time through its internal layer. After a complete circumcision the mucous membrane will necessarily remain as long as before the operation; the success of the operation may thereby be frustrated, since the operator has only removed one fold of the external sound præputial layer.

The unlike spanning of both lamellæ of the prepuce causes an unlike retraction of the same after circumcision; the external lamella will retract more than the internal, whereby the cut surface enlarges, and the usual occurring growths of interstitial tissue, or an irritable and lingering ulceration, may cause the healing process to be extremely tedious. It is, therefore, customary, in order to avoid this accident,

causing a procrastination of the healing process, to introduce a suture after the cutting of the prepuce.

#### Wounds of the Penis—Consequences of Disturbed Circulation—Serio-Comic Case.

The great number of blood-vessels in the corpora cavernosa explains why woundings of the same are so dangerous. Buffon speaks of a clergyman, who, in order to prevent a possible transgression of his vow of chastity, performed an operation on himself, by which the holy Origen secured himself against the lusts of the flesh. The man almost lost his life through loss of blood, against which he knew no remedy. A shoemaker's apprentice, who, by means of this operation, wished to rid himself of his inclinations to onanism, died from loss of blood. There are cases of woundings of the penis known, however, where the whole organ was taken off, that were not followed by dangerous bleeding. For example, a farmer, whose sexual propensities (*mirabile dictu*) began to be inconvenient to his wife, amputated the whole penis and entire scrotum with a scythe. The bleeding was insignificant, and was stopped by a surgeon, who ligated the arteria spermatica, and dorsalis penis, whereupon the edges of the skin were joined together with sutures, and complete healing followed.\*

The disease feared in amputation of the penis, probably led to the idea of taking it off by ligature, or with instruments heated to redness, which methods even at our day are not entirely out of date. The numerous blood-vessels of the corpora cavernosa also cause the swelling and the gangrene of the penis, occurring so rapidly in strangulation of the organ. A young man, who stuck his penis in a gold ring, and fell asleep with it there, lost his penis through mortification. A soldier lost his penis in a similar manner, by sticking it in the socket of a bayonet. In the first case, assistance might have been rendered, by amalgamating the ring with mercury. A boy tied a piece of twine so tightly around his penis, that the urethra and the corpora cavernosa were almost cut through, and gave rise to a urethral fistula. In after years he became affected with a syphilitic blennorrhœa, accompanied with a profuse flow from the fistula as well as from the orificium cutaneum urethræ. Under treatment with balsam copaiba, the flow from the fistula ceased after a

\* Bayr. ärztl. Intelligenzblatt, 1857, Nr. 41.



few days, but the flow from the anterior portion of the penis continued with unabated severity, and did not cease until the patient was directed to inject his own urine into that portion of the urethra situated between the fistula and the normal opening of the urethra. This case shows that balsam copaiba only acts by impregnating the urine with its active principles.\*

Dr. Shipman publishes, in the *Boston Medical and Surgical Journal*, 1849, the following original case: A young chemist who did not wish to take the trouble to go out of his room to urinate, helped himself to an empty bottle, which was near at hand, as recipient for the urine. The bottle had a very short neck, like the usual cork bottles, and an opening of about three-fourths of an inch. It was a pint bottle, and had been used for preserving potassium in naphtha. As the first drops of urine touched the bottle an explosion took place, which did not break the strong bottle, but in consequence of the vacuum, caused by the burning of the potassium, drew the penis into the bottle, where it became quickly swollen, and of a blue-black color, and owing to the constriction of the narrow neck of the bottle, mortification threatened to set in. The patient was in a terrible state of excitement, as he feared in pulling the bottle away he would lose his penis at the same time. Dr. Shipman, of course, broke the bottle with the back of a knife, whereupon everything was soon placed in order again. May the strangeness of the case excuse its relation.

#### Amputation of the Penis.

I have seen the amputation of the penis performed but once, and even this was unnecessary, as the supposed cancer of the penis proved, upon anatomical examination, to be a condylomatous growth on the prepuce which encircled the sound glans. Four arteries were ligated (two dorsals, two profundæ), several smaller ones were treated by torsion. True cancer of the penis is a rare phenomenon; Lisfranc, who often found it confined to the integument, thinks that the strong fibrous covering of the corpora cavernosa prevents its encroachment upon them. How does this agree with the repeatedly expressed assertion of the same surgeon, that the fibrous tissue is the most fertile tissue for the production of cancerous growths? Of chance it is known that it does not usually eat into the corpora cavernosa. Has a stump of the pend-

ent free portion of the penis been saved at the amputation, the excretion of the urine will not be impaired by the operation. However, has the entire pendent portion of the penis been removed by amputation, as is practiced on the eunuchs of the Orient, the stream of urine will take an upward direction, as the portion of the penis situated beneath the arch of the pubis has this direction, and a downward direction to the stream of urine can only be given by the use of canulæ, or small funnels, like those recommended by Paré at his time, when the amputation of the penis was performed much oftener than at present.

#### The Extensibility of the Ligamentum Suspensorium.

The implantation of the ligamentum suspensorium on the shaft of the penis indicates the point of juncture of the ascending portion of the penis with the pendent portion. The length and size of this ligament is subject to the greatest differences; Cruveilhier saw it extending up as far as the linea alba. Is this ligament broad and extensible, it allows the penis to be considerably lengthened by extension, whilst a part of the ascending portion (the root) extends into the pendent portion of the penis; since upon application of such an extending force to the organ, its ascending and pendent portions come to lie more in a straight line, this will also be the case with the urethra, situated at its inferior periphery. The extension of the penis is therefore necessary for the introduction of a straight instrument into the urinary bladder. Can the curve of the urethra not be easily brought into proper position for the introduction of the catheter, rendering catheterism difficult or impossible, on account of the shortness or stiffness of this ligament, the subcutaneous tenotomy of the ligament might straighten it somewhat. The proposition is not to be rejected *a priori*, although the proofs of the real occurrence of this anomaly in the ligament are not known to me.

#### The Division of the Frenum.

The division of the frenum is made in undermining of the same by ulceration, and in its congenital malformation, where it extends to the orifice of the urethra and causes the uncovering of the glans to be painful. The practice of this simple operation might also be useful in another case, in reference to which I shall only make a conjecture. As is known,

\*Oates, in *London Med. Gaz.*, 1845, Aug.

childlessness is often a consequence of too great a disproportion in the sensitiveness of the genitalia of the man and wife. If the ejaculation of the semen take place before that grade of excitation in the female genitals is reached which is necessary for the reception of the masculine generative substance, the coitus is fruitless. Now as the *frenulum glandis* is the most sensitive part of the penis, and its friction becoming in very sensitive persons the culminating point of the feeling of delight which in a man causes an ejaculation of semen, it may cause it to occur entirely too soon. In this case the removal of the frenum would have the desired effect, like the *responsum medicum* given by Van Swieten, through which the marriage of a distinguished lady was blessed with twelve children (*Ego vero censeo, vulvam S. C. M., ante-coitum diutius et pertinacius a conjuge esse titillandam*).

#### Priapismus.

Involuntary, long continued\* and painful erection of the penis is called priapismus, and is so severe sometimes that the use of surgical instruments for its relief are indicated. It is mostly the result of the excessive use of cantharides, used as an aphrodisiac (*diabolini*). Is the priapism accompanied by an *insatiable coëundi desiderium*, this most distressful condition is that called satyriasis. For priapismus *pertinax* Velpeau perforated the root of the penis, from one side to the other, with a fine explorative trocar. The pain was very severe, but the effect immediately apparent, although the loss of blood was not important. In a similar case I would bleed the patient from the *vena dorsalis penis*.

Lupulin has been extolled as a remedy for this ailment, in which fact lies a little consolation for beer drinkers. In monasteries the aroma of *ruta graveolens* has been praised as an antidote to a sinful stiffness of the penis, on which account it is very much cultivated in monastery gardens, and used for the making of *vinum rutæ*. Camphor should also have a like sedative action, if the old saying, "*Camphora per nares, castrat odore mares*," is true. I have heard persons belonging to the laity calling the erection of the penis occurring in the morning "water stiffness."

\* Last April, in Professor Dittel's ward of the Allgemeines Krankenhaus, at Vienna, I saw a man affected with priapism, which had lasted eight weeks, and at the time I saw him he was getting no better.—Translator.

#### The So-called Fracture of the Penis.

Vigorous erection gives to the penis the hardness of a horn. In this condition it can be broken, by the application of mechanical force, or if the expression is preferable, it can be bent in such a manner that tearing of one or both of the corpora cavernosa occurs. Of cases belonging under this head, I shall only quote a few:—

A young man, on the night of his marriage, attempted copulation in such a violent manner that, owing to this, and to the unusual smallness of his wife's genitalia, the attempted introduction of the penis led to a fracture of the organ, which occurred half an inch from the root of the penis, and made it useless for the future, since after healing only the half inch long piece at the root of the penis would become erect, the rest remaining flaccid.\*

Another young man, who awakened with an erection, and as he quickly dressed himself, shoved the stiffened penis into his narrow pants, suffered the same accident; the separation of continuity confined itself to one corpus cavernosum, which broke in two with a distinctly heard crackling noise. There was enormous extravasation of blood into the scrotum, blue-black intumescence of the penis and bending of the organ toward the sound side.†

A third young man, in want of better employment for his penis, struck it with such force against the bed post that it broke with a crackling noise, or as the course of the case leads us to believe, suffered a partial tearing of its corpora cavernosa.

Huguier reported to the Surgical Society, at Paris, another case which comes under this head. It was the case of a man who, over-excited by cantharides, copulated cum impetu nimio. He suffered a complete rupture of the bulbus urethræ, and at the same time complete tearing of the urethra. The case ended fatally. At the post-mortem an interspace, two centimetres in length, was found between the ends of the torn urethræ.

—It is reported that the Italian government, following the course it has already adopted on previous occasions, will gratuitously distribute this year five thousand plants of the *Eucalyptus globulus*, for cultivation in the Agro Romano, especially in the spot infected by malaria. The plants will be allotted to all who apply for them, and who give assurances that they are to be used for the purposes stipulated.

\* American Journal of Medical Sciences, 1849.

† Eve. A collection of remarkable cases. Philadelphia, 1857, page 675.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Differential Diagnosis Between Typhoid and Malarial Fevers.

The following comparative symptoms are given, in the *Peninsular Journal of Medicine*, by Dr. E. M. Hume:—

TYPHOID.		MALARIAL.
Decomposing animal and vegetable matter.	Cause.	Emanations from marshes, damp, low or new soil; always vegetable, never animal.
On soil; may be high and dry and long settled.	Locality.	New land, moist, low and swampy.
Epidemic of typhoid fever.	Circumstantial Evidence.	Prevalence of malarial disease.
Beldon after 40.	Age.	All ages.
Continued without intermission or remission.	Periodicity.	There is either intermission or remission.
Lasts three or four weeks; cannot be interrupted.	Duration.	Can be interrupted and cured in a few days.
Great nervous disturbance and prostration; dull, heavy, throbbing, persistent frontal headache; twitching of muscles; tickling of throat; ringing in ears; deafness; mind stupid.	Nervous implication.	None.
Asthenic, not wild.	Delirium.	Sthenic.
Frequent.	Epistaxis.	None.
Diffused bronchitis with tough, tenacious sputa.	Lungs.	Congested, when affected at all.
From 70 to 140 beats per minute, small, irregular, or double.	Pulse.	More frequently high, full and bounding.
Hot, even when moist; emits a peculiar, musty odor pathognomonic of this fever.	Skin.	Dry and hot, odor acid and swampy.
Indicates an increase of temperature from morning to evening of about 1 deg., and a decrease of 1 deg. from night to morning; commences first day 98.5 deg., reaches its maximum of 104 deg. on the morning of the fourth day; from this time the evening temperature ranges between 100 deg. and 104 deg., morning 1 deg. lower.	Thermometer.	Rises rapidly to 105 deg. or more first day or two, and falls suddenly; is not so uniform.
Protrudes tremulously; is covered with a whitish yellow coat, which disappears and is replaced by a dry, pale brown one, with red glazed tip and edges; teeth covered with dark brown sordes.	Tongue.	Coated all over with a heavy, dark, yellow coat. No sordes.
Pale, livid, muddy; cheeks flushed.	Complexion.	Sallow; eyes yellow.
Foaming, light color, free from sediment; frequently contains albumen; has typhoid odor like body.	Urine.	Dark color, turbid, no albumen.
Diarrhoea, except in mildest cases; stools offensive, pea soup, bright yellow or brown; devoid of mucus, but sometimes contains a whitish flocculi.	Excretions from Bowels.	Bowels constive; dark, hard, dry, bilious stools.
Tympanitis occurs, giving tub shape to abdomen; pressure over caecum produces pain and gurgling sound; tenderness over spleen.	Abdomen—shape, etc.	No tympanitis or tenderness of abdomen.

Stomach not involved; no severe pain anywhere, except where peritonitis occurs.

Occurs during second week; from 1 to 20 small rose-colored pimples, size of pin head, appear on abdomen, chest or back; do not extend to extremities; present a distinct elevation to the touch, disappearing upon pressure, but reappearing upon its removal; lasts about three days; fade away and a fresh crop appears. This eruption is claimed to be "peculiarly and absolutely diagnostic of typhoid fever." Later in the disease sudamina appear.

Great—averages one in five.

Inflammation and ulceration of Peyer's, solitary and Brunner's glands; perforation of bowels with peritonitis, and fatal hemorrhage; inflammation and enlargement of mesenteric glands and the spleen (which sometimes bursts); the brain, stomach, liver and lungs sometimes inflamed.

Pain.

Gastric disturbance and vomiting of bile; pain in stomach and elsewhere very intense.

Eruption.

Eruptions of different kinds sometimes occur, but are so different in shape, feel, duration, number, extent and place, that they need never be mistaken for the typhoid eruption.

Mortality.

Very slight, not one fatal case in a hundred.

Lesions.

Hemorrhage from congestion of bowels rare; congestion of stomach, lungs, liver and spleen, the two latter sometimes become enlarged.

## Lead Poisoning.

It has long been known that one of the fertile sources of chronic lead poisoning is the use of common glazed earthenware dishes for the preservation or cooking of food, especially acid fruits. The glazing of such vessels contains lead, which can be dissolved out by acids. M. Constantin, a chemist in Brest (*Journal de Chimie Médicale*, October, 1874), has invented a new glazing which contains no lead, and should be substituted for the lead glazings.

In a late brochure, Dr. Manouvriez reports thirty cases of chronic lead poisoning, from the study of which he draws the following conclusions.

1. In addition to general and indirect poisoning by digestive and pulmonary absorption, there exists a local and direct intoxication by cutaneous absorption, affecting the parts in immediate contact with the lead.

2. This local intoxication manifests itself by neuralgic pains, both articular and muscular, by cramps, trembling, tingling sensations, sensory and motor paralysis, and atrophy.

3. This local affection, which in most cases co-exists with the general affection, can, nevertheless, in certain cases, exist alone.

4. These local symptoms can advantageously be combated by local external treatment, and prevented by hygienic precautions which keep the skin from contact with the lead preparation.

5. The greatest caution is necessary in the employment of medicinal preparations containing lead local applications to the skin.

Of the thirty cases reported, eight handled lead in the metallic form, as plumbers and type-

setters, and twenty-two handled it in the form of white lead and minium. Three of the patients presented no symptoms of the general affection, no colic, no constipation, and no blue lines upon the gums.

In painters the local symptoms predominated upon the forearm, affecting preferably the right side in those who were right-handed, and the left in those who were left-handed.

#### Treatment of Cold.

The editor of the *Archives of Electrology and Neurology*, in the number for March, 1874, says:—

We have long been in the habit of using what we call a "cold powder," which we have found of great value in breaking up colds when taken in time, and in modifying their force when taken late. The prescription is as follows:—Dissolve five parts of camphor, in ether, to the consistence of cream: then add carbonate of ammonia, four parts; opium-powder, one part. Mix and keep in a tightly corked bottle. The dose is regulated by the opium, and ranges between three and ten or fifteen grains. We have been accustomed to prescribe it for our friends by the finger-nail full, or as much as one can put on a finger-nail. This powder may be taken in a little water just before retiring, by preference, or at any hour of the day, whenever there is a suspicion of having caught cold. If need be, a moderate dose may be taken several days in succession.

The advantages of this powder are very great. 1. The taste is agreeable, or at least it is not disagreeable. Even the bitterness of the opium is mostly neutralized by the camphor and ammonia. No child objects to this powder. 2. It is singularly and inexplicably efficacious. We believe it to be more efficient than Dover's powder, and incomparably more agreeable. In some cases it produces a gentle perspiration; in others, this especial effect is not observed. It is so easy to take, and so harmless in small doses, that it is well and safe to take it whenever we become badly chilled. We first called attention to this cold powder in 1869. From various sources, lay and medical, we hear that it accomplishes all that is here asserted, and we therefore earnestly recommend it to the profession.

#### Mediterranean Health Resorts.

Dr. Marcet, in an article in the *British Medical Journal*, says, speaking of the Mediterranean coast of the South of France:—

I do not mean to state that phthisis is not fatal in winter in elevated regions near the Mediterranean coast; but it is certainly less so than in England or on the Mediterranean seaside. In the following case, life was certainly prolonged from a residence on the hills. This lady, aged 40, had been ill for six years. She was in a very low state of health when I first saw her at Nice, on December 4th, 1872; her

lungs exhibiting a state of consolidation, with cavities on both sides. I advised her to move up to Cimiès. There the pure light air of the hills revived the patient; she improved to some extent, and recovered her spirits, naturally buoyant and cheerful. The winter proved much less trying to her than might have been anticipated; she went out for daily walks in the garden of the hotel without suffering any pain, and hardly conscious that her life could not last much longer. After a time, a Bath chair had to be sent for; then she took to her bed, and in April sank peacefully. No doubt, in this case a residence on the hills preserved life throughout the winter, and succeeded in mitigating pain and mental distress to a considerable extent.

Thus it is that a pure air, possessed of a genial warmth, with a comparatively low barometrical pressure, are beneficial, as a rule, to all cases of phthisis with a high temperature and a quick pulse. Occasionally, these symptoms are arrested; in most instances, they are relieved; and, where a fatal termination cannot be averted, life is either prolonged, or, at all events, carried on under the most favorable circumstances.

Some consumptive patients, however, do well at the seaside. The main character of these cases is the absence of febrile symptoms; they enjoy a fair state of health, although with deficient breathing power. All the other functions are equally weakened, although normal in other respects, thereby re-establishing the balance of energy which should exist between them. I am inclined to believe that the most suitable resort for this kind of cases is some warm sheltered spot on the Mediterranean coast. These invalids live a comfortable, painless existence, taking a moderate amount of exercise on the level ground, but unequal to any active exertion.

#### Micrococci in Erysipelas.

Wladimir Lukowsky, in a paper communicated to *Virchow's Archiv*, quoted in the *Practitioner*, gives the result of a series of observations he has made in Von Recklinghausen's Institute. Some of them were histological, others were of a pathological nature. The bodies of nine patients who had died from erysipelas were examined. In those cases in which the erysipelatous process was recent, or still in progress, micrococci were found in great abundance in the lymphatics and serous vessels. But when the process was retrogressive, or even when the disease was arrested, no micrococci were met with, even though the signs of acute inflammation were present. In one case, however, he found them in the subcutaneous connective tissue. Severe phlegmonous inflammation of the skin could be produced by the subcutaneous injection of fluid containing micrococci, which, however, differed in some points from erysipelas; but if a wound were painted over with the fluid, the



inflammatory process set up was indistinguishable from erysipelas, pursuing the same wandering course, and terminating in the same manner.

#### Adherent Prepuce and Paralysis.

At a recent society meeting, in New York, Dr. Sayre referred to a paper he had read to the American Medical Association, in 1870, on "Reflex Paralysis, caused by Congenital Phimosis and Adherent Prepuce." Mr. Barwell, of London, and Dr. Pitcher, of Detroit, and others, had written to him afterward, confirming his observations and views, and mentioning cases of like kind they had seen, but the nature of which had, previous to Dr. Sayre's paper, been obscure. So many similar cases had since then come under his notice, that he desired to bring the subject again before the profession, as he was satisfied that there were many grave affections of the nervous system attributable to this cause, and whose real nature was not suspected. He had no theory about the pathology of the disease to offer. He hoped some light would be thrown on that point by gentlemen this evening. It had seemed to him that in many cases there was an anæmic condition of the spinal cord, as some patients, when in the erect position, lose all muscular power, and even the power of speech, and yet when placed on their backs recover both.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—A Valedictory Address, marked by his characteristic *verve* and power of expression, was delivered by Professor S. D. Gross at the Commencement of the Jefferson Medical College. His subject was "The Glory and the Hardships of the Medical Life." Those of our readers who desire to peruse it, can obtain it from Mr. P. Madeira, 115 South Tenth street, Philadelphia.

The Introductory, at the same College, by Professor Wm. H. PANCOAST, is also published by Mr. Madeira. Its subject is a Sketch of the Progress of Anatomical Science, and it merits careful reading.

—The third of the Series of American Clinical Lectures, published by G. P. Putnam's Sons, is on Pneumothorax, by Prof. AUSTIN FLINT, Sr. It is a thorough exposition of the subject, so far as it relates to pneumothorax, resulting from pulmonary aperture. Price 40 cents.

—The latest installments of the Half-Hour

Recreations in Popular Science, published at Boston, by Estes & Lauriat (price 25 cents each), are the Glacial Epoch of our Globe, by ALEXANDER BRAUN, and the Population of an Apple Tree, by A. S. PACKARD, Jr. For sale by Claxton, Remsen & Haffelfinger, Philadelphia.

—Dr. GEORGE E. SHERMAN, Health Officer to the City of Oakland, Cal., has made an official report on the health of that city for 1873 and '74. The population is estimated at 20,000; the deaths in the two years were 480; of these he calls attention to the fact that out of 56 who died of consumption, but one was born in Oakland. This would have more weight if Oakland had not been built only within the last score of years.

#### BOOK NOTICES.

Transactions of the State Medical Society of Virginia for 1874. Richmond, 1875.

This society was reorganized in 1870, in the city of Richmond. At present it numbers three hundred and seventy members. The profession in Lynchburg, Richmond, Staunton and Abingdon have contributed largely to sustain this society since the general depression consequent upon the late war has been so severely felt in Virginia. Through its labors the State Board of Health has been organized and the Virginia *Medical Monthly* published. There are three flourishing medical colleges in the State, viz, that at the University of Virginia, Hampden, Sidney and Richmond Medical Colleges.

A. G. Tibault, M. D., President, delivered the annual address on the "Mission of the Physician." He claimed that Medicine has at all times kept in advance of the culture of the age. About the period of the American Revolution culminated that brilliant galaxy of physicians and scientists that have marshaled the dawn of the present day. In emulation of those eminent men, a host of learned physicians, at home and abroad, extend their research in every possible avenue, and every day adds to the stock of medical information. The labors of physicians are not confined to the proud places of earth. No toils, no dangers restrain them in the calls of duty, alike in the filthy habitations of penury as in the pampered abodes of wealth.

The address to the "Public and Profession," by M. P. Christian, M.D., was on the "Objects and Aims of Medicine." In this we are informed that there are seventy thousand medical

men in the United States, whose special mission is to soothe the bed of sickness, to mitigate the anguish resulting from accident or disease, to relieve the aching brow and calm the throbbing pulse. No one can deny the heroism displayed by physicians during the pestilence of yellow fever at Memphis and Shreveport. There was then no faltering or cowardly flight from the scene of death.

Among the valuable papers contributed by various members, the first is by W. C. Dabney, M. D., on the "Development of Connective Tissue." Second, "The Use of Davidson's Syringe as an Aspirator," by I. St. P. Gibson, M. D. Third, "A Case of Spontaneous Expulsion of an Ovarian Cyst," by W. L. Dunn, M. D. Fourth, "Relation of so-called Ague Plant to Malarial Fever," by W. D. Hooper, M. D. Fifth, "Typhoid Fever, Hints as to its Pathology and Treatment," by S. W. Jackson, M. D., of Norfolk, Va. In this article the author displays an accurate knowledge of the symptoms and pathology of this disease, which has been very prevalent in Virginia since 1815, especially in the country. Dr. Jackson says, "in this fever the process of digestion, assimilation and nutrition are deranged and the whole system suffers from inanition. We are told that the treatment should be 'expectant.' I never lost a day in the treatment of it without cause of regret. I know of no affection that requires a more energetic and persistent treatment. The clearest indication is to supply what food has failed to furnish, viz, nitrogen, an essential element in several of the secretions upon which the vital processes depend. Ammonia is rich in this element, and this salt is adapted to every stage of this disease. The following prescription is recommended:—

"R. Ammon. nitratis, ʒij  
Spts. ætheris nitrosi, ʒss  
Aque, q. s. ut fit. ʒij. M.

"Sig.—Teaspoonful ever second hour when awake.

"If diarrhoea exists, I use liquor ammoniæ acetatis, ʒj, every second hour, and plumbi acetat, grs. ij, with pulv. opii, grs. ss., after each discharge. If meteorism supervene I combine gum camphor with the above astringent, or small doses of ol. terebinth, alternated with apts. mindererus. If nervous symptoms occur, approaching delirium, a valuable combination will be found in potassæ chloras, with ammon. carbonas. With regard to coma, it occurs less

frequently in cases treated by the ammoniacal or nitrogenous plan. If used quite early, the second or fifth day, the symptoms yield, on the seventh." Dr. Jackson concludes, "I cannot too urgently insist upon the value of the thermometer in this fever, the pulse being entirely unreliable as a test of the progress or decline of the symptoms." Sixth, "Modern Science and Art of Electro-Therapeutics," by J. B. McCaw, M. D., Professor of Practice of Medicine, in Richmond Medical College, of Virginia, was a production of exceeding interest. The author said that "electrical force lies at the bottom of all chemical affinity. Electricity is the great force, alike in the organic and inorganic world. It is the great stimulant of vegetable life, but the animal organism is preëminently under electrical influence. In man this influence is very marked. The nervous centres are but so many electrical batteries, and the nerves but so many conducting wires, while the brain serves as the registering organ. Every tissue, except the skin and bones, is under the control of animal electricity. Changes in temperature are changes in the electrical force. At night terrestrial electricity is least; the nervous forces are at their lowest, and hence more patients die between midnight and daybreak than at any other time. Because, also, of the greater relaxation of muscular tissue, induced by the lessened electrical forces within these hours, we find that childbirths more frequently occur about this time."

Dr. H. M. Grant, in the course of the discussion of the value of anæsthetics, said that they affect first the cerebrum; second, the cerebellum and pons variolii; and third, the medulla oblongata, and thus the roots of the nine pairs of cerebro-spinal nerve are affected in the order of their numbering. The appearance of the face should be the index of the extent of the anæsthesia; because the first seven of the nine pairs of cerebro-spinal nerves have branches distributed to it. The muscles of the face relax, and expression is lost according to the extent of the anæsthesia, and this is as far as it should be carried, as it will allow of operation upon any part of the body without pain. To carry it further, would be to paralyze the eighth pair, or pneumogastric, and thus affect respiration. The subject for discussion at the next annual meeting, in Richmond, will be "*Mechanical Supports for the Uterus.*"

F. HORNER, JR., M. D.

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**FANATICISM IN ANÆSTHETICS.**

Every one remembers the advice with which Prince Talleyrand wound up his instructions to an envoy about proceeding on an important mission—*Et surtout, pas de zèle.*

There is, just now, room to recommend this maxim to the medical profession in regard to the crusade against chloroform, which was so zealously inaugurated by our New England brethren some few years ago. The members of the dental specialty seem to be particularly warm in the contest, to judge from some of the actions taken at late meetings.

The Massachusetts Dental Society has passed resolutions emphatically condemning the use of chloroform as an anæsthetic, and declaring any member administering it liable to expulsion.

At the last meeting of the Iowa State Dental Society were presented the following preambles and resolutions:—

"Whereas, the frequency of death caused by

the use of chloroform as an anæsthetic is justly exciting apprehension and alarm in the people; and

"Whereas, after protracted years in its use, no security against its deadly tendency, either in the mode of its administration or selection of subject, has been developed; and

"Whereas, no truly respectable profession should ignore the value of moral rectitude in practice, should with impunity hazard the lives of its patrons, or heedlessly disregard the intelligent warnings of statistical record; therefore

"Resolved, That we, the members of the Iowa State Dental Society, condemn the use of chloroform for the purpose of general anæsthesia, and will refrain from so using it in our practice. And, moreover, we will use our influence to favor its entire expulsion as an anæsthetic agent."

This resolution was tabled, but will probably be passed at the Society's next meeting.

This winter, in that State (Iowa), an action was brought by the estate of J. W. LAWRENCE, of Floyd county, against a dentist, Dr. C. C. BIRNEY, for using chloroform in a dental operation, and producing a narcosis from which the patient never recovered. The jury, influenced by the testimony of experts (?) called by the prosecution, cast the defendant in exemplary damages for employing chloroform, to the tune of *seventeen hundred and fifty dollars.*

This absurd and outrageous verdict shows how intemperately sides are taken on this subject by scientific men.

In point of fact, there is no doubt but that most of the deaths from chloroform result from neglect of proper precautions in its administration. It is well known that Professor GROSS employs it freely, and in his hands it is safe. But why? The reason is well put by Dr. ALLIS, of this city, in a recent letter to the *London Medical Press and Circular*. He says: "Many a surgeon, as a compliment to the physician who has invited him to operate, will give the latter the honorable and important office of chloroformist. Not so with Professor GROSS. He keeps his own special chloroformist, and often takes him long distances, as he will not expose a patient to so great a danger as might

ensue from so potent an agent in inexperienced hands."

Then, too, there is discrimination necessary in administering it to patients. We have witnessed three deaths on the operating table from chloroform. In each the patient was exsanguine, and in one greatly debilitated from malarial disease. In old persons, and in those suffering from organic disease of the circulatory organs, it is not well borne. But, on the other hand, Dr. BERGERON asserts that in children chloroform is endowed with an almost absolute innocuity. This is due to the functional condition of the child, and principally to the fact that it has not yet attained the age of reason, is sensible of no moral emotion, entertains no apprehension of dangers to which it may be exposed, and thus is shielded from the apnoea which great terror and deep emotion induce, and which is the most important cause of the deaths which suddenly occur during the administration of chloroform. Therefore, it may be administered to infants from the earliest days after their birth. It should be given to prevent the pain consequent on surgical intervention, and wherever there is reason to fear sudden movements or muscular contractions which might prevent the surgeon from properly conducting an operation or from making a complete diagnosis.

That it has numerous advantages in its prompter effect, its more portable form, its certainty, the shorter stage of excitement, etc., cannot be denied.

## NOTES AND COMMENTS.

### Recent Therapeutic Remedies.

Mr. W. Handeal Griffiths exhibited to the Surgical Society of Ireland a collection of specimens of certain recent remedies, and described, succinctly, the characters, properties, and uses of each of the drugs exhibited. The specimens shown comprised, 1. *Goa powder*, the Indian remedy for ringworm, recommended by Dr. Fayrer. 2. *Cundurango bark*, the vaunted specific for cancer, but which on trial had

proved a failure. 3. *Guarana*, obtained from the Brazilian plant, *Paulinia Sorbilis*; so often found useful in sick headache, and also strongly recommended by Mr. E. Rawson, of Carlrow, in cases of lumbago and rheumatic affections of muscular and fibrous structures. 4. *Rhamnus frangula*, a decoction of the bark of which was stated to be an agreeable aperient. 5. *Jaborandi*, the new sialogogue and diaphoretic. Mr. Griffiths had personally experimented with this drug, taking an infusion made with forty grains of the leaves, and had experienced to a marked degree the diaphoretic effects ascribed to the drug. 6. *Boldo*, lately introduced as a tonic. The leaves of this plant, a native of South America, are studded on their surface with large glands, which furnish the active principle of the drug. 7. *Eucalyptus globulus*, recommended also as a tonic, febrifuge and anti-periodic, the leaves of the plant being the official part.

### The "Tractile Method" in Hernia.

At a recent meeting of the Société de Chirurgie of Paris, the President, M. Perrin, communicated the particulars of a case of strangulated inguino-scrotal hernia which had been reduced by this method. Taxis, under chloroform, had been tried without success by M. Gosselin, and that distinguished surgeon was about to operate, when M. Perrin proposed that it should be tried. Accordingly, forty-six hours after the strangulation had occurred, a hospital attendant took the patient up by his legs, and placing them over his (the attendant's) shoulders, raised him up so that the patient's head and shoulders rested upon the bed. In this position M. Perrin practiced the taxis, and the hernia was soon reduced to half its former size. The patient was replaced upon his bed, and the reduction was completed in the horizontal position.

### Boracic Acid.

At a recent meeting of the Chemical Society, Mr. Howard said boracic acid destroyed vegetable growth—grass, for instance—with a vigor and permanence which, if it were a fertilizer, would render it invaluable.

Mr. A. Smee, Jr., had found that, if one part of a 10 per cent. solution of boracic acid were added to eight of milk, it would keep it sweet for a week.

Dr. J. Edmunds, in a complicated case of amputation of the thigh, had employed dress-



ing of lint, steeped in a hot saturated solution of boracic acid, with most satisfactory results in preventing putrefactive discharge. The bandage could remain for thirty-six or forty-eight hours without the slightest putrefactive odor.

#### The Importance of Vital Statistics.

Dr. M. B. Leonard makes the following remarks, which apply with as much force to every other city as to Boston:—

"To make Boston a large and prosperous city, it must be made a healthy city; to make it healthy, the causes of disease must be found and removed; to find the causes, we must be guided to our conclusions by facts, and not by theories, or opinions, or the wishes of interested parties; and to obtain facts, the city should be divided into permanent health districts, and accurate statistics of population and mortality should be tabulated every five years, when the taking of the census would make it possible to form accurate conclusions."

### CORRESPONDENCE.

#### FOREIGN.

##### A Correction.

VIENNA, Austria, March 1st, 1875.

ED. MED. AND SURG. REPORTER:—

For the sake of the Medical school in this city, we would like to correct a statement which we read in the editorial of your journal, for Jan. 23d, 1875. "The disturbances at the medical schools of Paris, Vienna and St. Petersburg have reflected discredit on the medical students of those centres, and will undoubtedly result in injury to those universities." Of the first and last named places we know nothing more than what we have heard. But at this place, from the 15th of October, the commencement of this semester, up to the present time, there has not been a disturbance of any kind whatever.

We have been present throughout the entire time, and consequently daily among the students, and have not detected the slightest irregularity nor heard the faintest murmur of an interruption of any sort; on the contrary, the semester now about ending has been one of the most successful, and the class as large as any within the past five years.

By inserting this letter, when you have an opportunity, you will correct a universal mistake, and confer a favor upon the Americans who are studying here. Yours very respectfully,

C. S. T.

[We are pleased to make the correction. The alleged fact was taken from the London *Medical Times and Gazette*. ED. REPORTER.]

### DOMESTIC.

#### Hypodermis Medication.

ED. MED. AND SURG. REPORTER:—

In the September number of the New York *Medical Journal*, is a captiously critical article, by Dr. Stephen Rogers, on the above subject, having a *special* reference, however, to *quinine* solutions, so administered, but in which the writer, towards the close, abandoning the main line of assault, goes off in what we consider a most unwarrantable attack on subcutaneous medication in general.

The principal target for his professional firing seems to have been an instructive article by Dr. Lente, in the March number of the same journal, on "Hypodermic Injections of Quinine in Intermittent Fever," and which appears to have convinced Dr. R. that danger still confronts the profession, and, on account thereof, he deems, it his bounden duty to raise the voice of protest and appeal.

Condemnatory of quinine hypodermically, Dr. Rogers claims to sermonize from no new text. For a quarter score of years he has, at times, borne testimony to the pernicious effects of such medication, and, from a paragraph in his recent communication, "the rusty and neglected hypodermic syringes formerly so actively employed by the expert hands of our professional acquaintances," we are warranted in inferring that his good offices in this direction have not fallen on the hither side of the object intended.

It is not the purport of this article to combat the assertions of this reviewer as regards the subcutaneous use of quinine, be the solvent what it may, although it would be far from difficult to quote numerous authorities who have given the most emphatic testimony in its favor. We desire, the rather, to enter an opinion strongly at variance with the closing statements of Dr. Rogers' paper, in the which he says: "Few of the fashions, however, from the days of Sangrado's bleeding and hot water, have been carried to more ridiculous and destructive extremes, than this wild fashion of medicating mankind under the skin. Fatal results, strictly attributable to this method, have frequently occurred since the commencement of the fashion, and bare escapes from this calamity in still greater numbers. These consequences, not to allude to abscesses, obstinate ulcers, and chronic and disabling indurations, have induced misguided but prudent physicians, in great numbers, to abandon this mode, and lay aside their syringes. They see that disease can be treated quite as successfully, and at less risk of doing irreparable harm, without it, though they have occasion to deplore the loss of the *eclat* which the flourish of instruments and the production of pain were wont to bring them. While this is true of many, unfortunately for humanity, there are still too many practitioners who are pursuing this method with all the ardor of a new idea."

Now, with no lack of respect for the author

of the above quotation, we must certainly think he is putting his case too strongly, and beg leave to dissent *very thoroughly* from the opinion advanced and maintained. It is entirely *too sweeping*, and we question whether, in the full light of clinical experience, it would bear the scrutiny of careful investigation.

It is not ours to deny that unpleasant and unfortunate results have been charged, not unjustly, it may be, to the use of the hypodermic syringe: but does it follow therefrom that the *whole* system of hypodermic medication is to be denounced and discarded? Must the subcutaneous administration of medicines, in its entirety, be abrogated, because some overzealous disciples of Wood see fit to carry their pet project to an unwarrantable extreme? By no means. As well expunge chloroform or ether from the pharmacopœia, for it is an undeniable fact that deaths by the dozen have resulted from the administration of these invaluable agents, and that, too, at times, in the hands of professional men, careful and competent. We once saw, in the amphitheatre of Bellevue hospital, a hale and hearty Irish woman, on whom the Talcoctian operation had been performed, by Prof. Frank H. Hamilton, gasp and die almost immediately, despite the most strenuous averting efforts, on the administration of chloroform, which was resorted to after a previous trial of ether, to which the patient was found unyielding: this, too, under the supervision of a surgeon proverbially careful in his administration of anæsthetics, and whose numerous classes can bear abundant testimony to the stress he was wont to lay on the cautious giving of these powerful pain preventives. But was this unfortunate result the means of placing chloroform on the index expurgatories of that institution? Most assuredly not. Carry out such a law to its ultimatum, and we would speedily find our stock in trade reduced to its minimum.

Attributable to the hypodermic method, Dr. Rogers says: "These consequences—fatal results and bare escapes—not to allude to abscesses, obstinate ulcers, and chronic and disabling indurations, have induced misguided but prudent physicians, in great numbers, to abandon this mode." It must be admitted that this is rather a formidable array of objectionable sequela; but is the testimony of the profession at large *pro* or *con* on this point? Speaking individually, we must answer *most emphatically* in the *negative*, and our experience has not been a very limited one. For years we have employed the hypodermic syringe, and so highly do we prize it, that we deem it one of the most valuable weapons in our professional armamentarium, and do not consider ourself "armed and equipped as the law directs" without it.

Notwithstanding all this, we distinctly disclaim that degree of "infatuation which makes it positively hazardous for a person with a pain or an ache to be near us." It not at all follows that our exalted opinion of this mode of medication makes us proceed to puncture every ail-

ing one about us, as if we were a sort of perambulating apary.

The sum total of resultant "casualties" has been two small, circumscribed abscesses of the forearm. And these occurred during the past two months, in the same patient. A male of unusually fine physique, and in whom they occasioned no more discomfort than an ordinary phlegmon, and not at all comparable to the torture, hepatic colic, which a single injection of morphia, large, it is true, one grain, speedily sufficed to relieve.

We have cognizance of another case, somewhat notorious, in which the subject had succumbed to an opium habit, morphia hypodermically, and who, during nearly seven years' servitude, gave himself several thousand injections, with nothing more resulting locally than a number of limited inflammations, none of which proved formidable.

Eulenberg, with an experience of many thousand cases, noticed *three times only* inflammation of the punctured spot, all due to the irritant nature of the fluid injected.

We will admit that our fortunate exemption may have been due to the non-irritating qualities of the liquid inserted; and yet, in the two cases mentioned, the injected material was simply an aqueous solution of morphia and atropia.

The medicinal agents we have employed are morphia, atropia, strychnia, quinia and chloroform. As a solvent for the first two, water; with the third, the same, adding a sufficient quantity of acetic acid to make a clear solution; with the quinine, acid, sulph. dil., quant. suff., to form a neutral solution, freshly made; and the chloroform was employed pure. Of all these, the solutions first named would seem to be the ones least likely to irritate, and yet, quite to the contrary, they gave rise to some inflammation. Not the slightest ill effect followed the quinia or strychnia, and the chloroform, while it acted anæsthetically on the part injected, gave rise to nothing like an abscess. Less frequent than the others, by far, has been the application of the last-mentioned remedy in the field of subcutaneous therapeutics. Indeed, foreign observers having experimented, condemned it for hypodermic purposes, deeming it ineligible on account of its actively irritant local effects, and it remained for Professor Bartholow, of Cincinnati, to bring it forward, a year ago, with astonishing success, in the treatment of tic-douloureux. Three cases, in which this disorder existed in an aggravated degree, were completely cured; and his statements were verified, and the result fully confirmed, by the report of a case which we gave in the *New York Medical Record*, May, 1, 1874, in which a single injection was sufficient to control a most atrocious attack of this agonizing disease. These four cases are the only ones on record, to our knowledge, of chloroform thus employed. It remains to be seen whether the same degree of success will attend its further use, or if, from an inappropriate application, it will fail of

yielding results as eminently satisfactory as have attended its employment in trifacial neuralgia.

Dr. Rogers further says, speaking of those "misguided but prudent" practitioners who have abandoned hypodermic medication: "They see that disease can be treated quite as successfully without it. To this we must again withhold assent. It may be the experience of those to whom Dr. Rogers alludes, but we do not think it such of the great body of the profession. Speaking personally, we know we have accomplished with the hypodermic syringe what we never did without it, and what we think we never shall until some mode of medication superior even to this is presented to the fraternity.

Take, for instance, the case of biliary calculi, to which we have alluded. Several times that patient has been in our hands for treatment, and we have demonstrated to our entire satisfaction that the opiate treatment, which is accredited the most effectual, per *orem*, will not bring to this man the relief obtainable by the subcutaneous injection of morphine. Nor is this an exceptional example. Cases of neuralgia, myalgia, sporadic cholera and intestinal colic have given way more speedily to hypodermic medication than any other form of treatment we ever employed. In the first mentioned disease, we have seen cases, one of long standing, of the facial variety, cured in five minutes by a single injection of morphia, followed by a blister to the nucha. We say cured, in the full sense of the term, the pain departing and failing to return. We challenge a similar result from any form of opiate, time and amount the same, *per via nat.*

Take the case in which the injection of chloroform was followed by such a remarkable effect. Is it at all probable that its administration in any other manner would have achieved a like success? We think not.

Again, it is an indisputable fact that there are those in whom, owing to some idiosyncrasy, opium in any form—the camp. tinct. sometimes excepted—cannot be tolerated, and here the injection of morphia, subcutaneously, in urgent cases, becomes a boon unobtainable in any other way. One notable example of this kind has fallen under our observation.

We repeat, then, our disbelief that diseases in which the hypodermic injection of morphia, or any of those other subcutaneous remedies which clinical experience has proven eligible, is not contra-indicated, can be treated as successfully without as with this method. Ultimately, in many instances, the same result may be reached, but by no means as speedily, and we hazard little in opining that the *eclat* of which Dr. Rogers says those who have abandoned the hypodermic syringe mourn the loss, is not due to the "flourish of instruments and production of pain," but to speedy relief from bodily distress. We commend to his consideration an able, exhaustive and instructive article on the subject which captions this communication, by Dr. J.

C. Bishop, of Ohio, in the June number of the *Southern Medical Record*, and the report of the Standing Committee in the last Transactions of the New Jersey State Medical Society.

From what we have written, it will readily be concluded that we are a follower of the "wild fashion," which we make no haste to disavow; that we are pursuing this method not "unfortunately for humanity," but knowing, full well, that by its means we have been instrumental in ministering abundantly and acceptably to the relief of some of the many ills to which human flesh is heir. J. B. MATTISON, M.D.

Chester, New Jersey.

## NEWS AND MISCELLANY.

Centennial Medical Commission, of Philadelphia.

At the session of this body, held April 19, the following committees were appointed:—

*On Hall*—Drs. W. H. Ford, A. Fricke, R. J. Dunglison, Levi Cutis, Edward Wallace.

*On Correspondence*—Drs. W. B. Atkinson, D. G. Brinton, R. J. Dunglison.

*On Finance*—Drs. Caspar Wister, J. G. Stetler, D. Burpee.

*On Museum*—Drs. Joseph Leidy, J. Solis Cohen, T. G. Morton, Robert E. Rogers, Charles K. Mills.

*On Arrangements, etc.*—Drs. Washington L. Atlee, Robert Burns, Wm. Pepper, W. H. Pancoast, L. Turnbull, I. S. Eschleman, Emil Fischer.

*On Publication*—Dr. F. G. Smith, the three Secretaries and the Treasurer.

*On Entertainments*—To consist of the whole Executive Committee.

*On Addresses and Business of Sections*—Drs. J. H. Packard, D. Hayes Agnew, H. Lenox Hodge, N. L. Hatfield, A. C. Bournonville.

It was agreed that all American delegates to the International Medical Congress, shall pay five dollars on registering, to aid in defraying the expenses of publication.

That a dinner shall be arranged for, and each delegate be charged five dollars for a dinner ticket.

Foreign gentlemen in each case to be regarded as guests.

The following arrangements were made for addresses:—

*On Medicine and Medical Progress in the United States*—Prof. Austin Flint, Sr., of New York.

*On Surgery*—Prof. Paul F. Eve, of Nashville, Tenn.

*On Obstetrics*—Prof. Theophilus Parvin, of Indianapolis, Ind.

*On Materia Medica and Therapeutics*—Prof. Alfred Stillé, of Philadelphia.

*On Medical Jurisprudence and Toxicology*—Prof. Stanford Chaille, of New Orleans, La.

*On Hygiene and Social Science*—Dr. Henry I. Bowditch, of Boston, Mass.

*On Medical Biography*—Dr. Joseph M. Toner, of Washington, D. C.



*On Medical Education and Medical Institutions*—Prof. N. S. Davis, of Chicago, Ill.

*On Medical Literature*—Prof. L. P. Yandell, Sr., of Louisville, Ky.

*On Mental Hygiene and Medicine*—Dr. John P. Gray, of Utica, N. Y.

*On Physiology*—Prof. Levin S. Joynes, of Richmond, Va.

*On Medical Chemistry and Pharmacy*—Dr. Wormley, of Cincinnati, Ohio.

It was then agreed to adjourn, to meet at the call of the Chairman. This session was one of the largest yet held by the Commission.

#### Case of Abstinence from Food.

The subjoined case, reminding us of the "Welsh fasting girl," and Louise Lateau, is communicated to us by Dr. D. R. Silver, of Sidney, Ohio, who vouches for the truth of the report from his own observation. The extract is from a local paper.

"Sarah Brown, daughter of Andrew Brown, of Turtle Creek township, aged about twenty-three years, has been for five years afflicted with an obscure form of nervous disease. For the larger portion of this time she has been confined to her bed. For two years she has been totally blind, and for the same time has been wholly devoid of the power of speech. She lies at the present time helpless as an infant. Her hands are tightly closed, so that if she had muscular power, she could not help herself. At times she has severe pain, cramp, and muscular contractions in various parts of her body. The strangest part of this case, however, remains to be told. At various times during her sickness her appetite has been exceedingly capricious, sometimes for three weeks taking nothing but a little milk. On the first of January of this year she refused to take any food, either solid or liquid, and absolutely continued her fast until the first of March, fifty-nine days in all, and for over fifty days her bowels were in a state of complete constipation. During this time her friends made attempts to induce her to take food or medicine, but without success. Even water having bread soaked in it, and carefully strained, was promptly rejected. Her only aliment was pure water, of which she drank freely. On the sixtieth day she was induced to swallow a little cider, and since that time she has been taking a little solid food. Incredible as this story may appear, this much is certain, that the girl cannot be a malingerer, from the nature of her case."

#### Philadelphia County Medical Society.

The next Conversational Meeting will be held Wednesday, April 28th, 8 o'clock, P. M., at the Hall of the College of Physicians. Obituary notices of the following deceased members will be read: Drs. John Bell, L. S. Bolles, W. A. Hoffman, M. M. Lewis, B. Price. The Medical profession in this city are cordially invited.

#### Notes on Prevailing Diseases.

Dr. J. R. Spooner, of Butler Co., Iowa, writes us, under date April 12, 1875: "There has prevailed, for the last two months, a mild form of scarlet fever, accompanied with bronchitis. Among adults pneumonia has been prevalent. Earlier in the winter spinal meningitis was common, but no fatal cases."

#### Personal.

—By a transposition of a semicolon, in the last number, Dr. Boyland was made to appear as médaillé member of the medico chirurgical faculty of Maryland, instead of Médaillé ex-Surgeon of the French army.

—A despatch from Toronto, Ontario, says:—"Mrs. Trout, the wife of the editor of the *Times*, has passed an examination at the College of Physicians and Surgeons. She is the first lady physician ever graduated here."

—The Baron de Waldeck, of Paris, well known for his studies of Central American antiquities, celebrated his one hundred and ninth birthday in March last.

—Dr. Wm. B. Atkinson's Address on Chloral, before the Philadelphia County Medical Society, has been referred to the State Medical Society.

—Dr. McClellan has removed to the corner of Broad and Spruce sts.

—Dr. De Forrest Willard's lectures on Orthopedics commenced April 6th.

#### QUERIES AND REPLIES.

*Dr. H. M. H., of Ill.*—1. Dr. S., of New York City, is a notorious rupture quack, who should be shunned. 2. The transfusion of blood has proved of no benefit in phthisis. 3. We shall endeavor to obtain an article on the subject.

*Dr. F. R., of Washington Territory.*—1. Hartshorne's *Compendium* is preferable. 2. We know of no pocket manual on emergencies that quite meets your wishes.

*Dr. A. K., of Kentucky.*—Animal vaccine matter has the advantage of certain freedom from syphilitic poison; the objection to it seems to be that it does not retain its virtue quite so well as humanized vaccine. It falls oftener.

*Dr. Robert D., of Maryland.*—1. We still continue a *Medical Commission Agency*. Books, drugs, and instruments will be sent you at list prices. 2. Cash with the order is requested.

#### MARRIAGES.

PENFELL—WILLIAMS.—On Thursday evening, April 8th, 1875, by Rev. E. B. Caldwell, W. W. Penfell, M. D., and Miss M. Mellie Williams, both of Nashville, Ohio.

#### BIRTHS.

FOREMAN.—April 10th, 1875, to the wife of Dr. J. Foreman, Port Royal, Kentucky, a son.